



# Higher Educational Aids Board

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**Tony Evers**  
Governor

**Connie Hutchison, PhD**  
Executive Secretary

## STUDENT DATA SHEET FOR TEACHER LOAN (Form 4)

COMPLETE THIS FORM IN FULL

▲ LAST NAME

▲ FIRST NAME

▲ MIDDLE NAME

▲ PRIOR LAST NAME

MAILING ADDRESS

STREET

(INCLUDE BOTH PHYSICAL ADDRESS AND MAILING ADDRESS)

CITY

STATE

ZIP CODE

COUNTY

PHONE NUMBER

PHYSICAL ADDRESS

STREET

(INCLUDE BOTH PHYSICAL ADDRESS AND MAILING ADDRESS)

CITY

STATE

ZIP CODE

COUNTY

SOCIAL SECURITY NUMBER

DATE OF BIRTH

E-MAIL ADDRESS (NOT RELATED TO EDUCATIONAL INSTITUTION)

MONTH:

YEAR:

EXPECTED GRADUATION DATE

EMPLOYER

EMPLOYER'S ADDRESS

POSITION/TITLE

LENGTH OF TIME AT POSITION

FATHER, STEP FATHER, OR GUARDIAN

ADDRESS (CITY, STATE & ZIP)

PHONE NUMBER

MOTHER, STEP MOTHER OR GUARDIAN

ADDRESS (CITY, STATE & ZIP)

PHONE NUMBER

SPOUSE'S NAME

ADDRESS (CITY, STATE & ZIP)

PHONE NUMBER

NAME, ADDRESS & PHONE NUMBER OF ONE RELATIVE/REFERENCE, NOT LISTED ABOVE, WHO WILL ALWAYS KNOW YOUR ADDRESS

I approve this student loan nomination to the Higher Educational Aids Board.

Signature of Financial Aid Official at Nominating Institution

Date

I have been informed of all application and approval disclosures outlined on the Application Form. If it has been more than three business days since I have filled out the application, I certify by my signature, that all terms have been reviewed with me and that I have signed and dated another copy of the application.

Signature of Loan Applicant

Date